

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25106

**FILED**  
**Apr 04, 2016**  
**Secretary of State**  
**CC0007757156**

**Entity Name:** OCEAN ISLE RUBICAN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AMERICAN CONDOMINIUM MANAGEMENT  
4223 DEL PRADO BLVD S  
CAPE CORAL, FL 33904

**Current Mailing Address:**

C/O AMERICAN CONDO MANAGEMENT  
PO BOX 100399  
CAPE CORAL, FL 33910 US

**FEI Number:** 65-0058521

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KASE, SUSAN M  
AMERICAN CONDO MANAGEMENT  
4223 DEL PRADO BLVD S  
CAPE CORAL, FL 33904 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title PD  
Name NICHOLSON, WILBUR  
Address C/O AMERICAN CONDO  
MANAGEMENT  
PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title STD  
Name KULHAVI, DON  
Address C/O AMERICAN CONDO  
MANAGEMENT  
PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

Title VP  
Name NELSON, GWEN  
Address C/O AMERICAN CONDO  
MANAGEMENT  
PO BOX 100399  
City-State-Zip: CAPE CORAL FL 33910

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILBUR NICHOLSON

**PRESIDENT**

**04/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date